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# DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., DEPARTMENT EDITOR

## DISCUSSION OF THE REPORT OF THE COMMITTEE ON NURSING EDUCATION<sup>1</sup>

BY AMY M. HILLIARD, R.N.

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IT is a great pleasure to have the opportunity to discuss the report which has been so ably presented by Miss Goldmark.

We are grateful indeed for the investigation made by the Committee and have looked forward eagerly to its presentation and its conclusions.

Many of are very much heartened to be assured that we have not been on the wrong track these last ten years and that the conclusions reached by this impartial high tribunal are the same as those reached by the most far-seeing of our own profession of nursing. The report will give much encouragement, and strong backing to the efforts of the nursing profession, coming as it does from a wholly unprejudiced source like the Rockefeller Foundation which has won so enviable a reputation for reaching sound conclusions.

In presenting the object of the investigation it is most interesting to note that the committee found very early the need of considering the whole problem of nurse education before it could reach any conclusions concerning the "proper training of the Public Health Nurse." This is far from coinciding with the opinion of some of our Chicago friends who have acted on the premise that if nurses were scarce, we should create

large numbers of them through the simple expedient of the short course, the shorter the better. Where are all the hundreds and thousands of these so-called "public health nurses," the product of widely advertised short courses? The communities do not seem to be clamoring for them when seeking public health nursing service. Is it not amazing that a Public Health Officer should proclaim from the housetops a scheme that was bound to have a damaging effect on the hospitals of his community?

Many who have followed the various panaceas for the inadequate registration of students to meet the demands of the rapidly increasing number of hospitals and hospital beds have failed to recognize the damaging effect of much of this newspaper publicity on the minds of the prospective students themselves. I quite agree with Miss Ruth Morgan, who stressed this point when presenting the obstacles to recruiting students for schools of nursing before the Eastern Council of Nursing Education. It passes understanding that any member of a hospital board, administrative or medical, should support a scheme which through its very publicity would deflect students from their schools of nursing. Is it not rather remarkable that so many of our young women see through such sham courses and, even though many of them are far from independent

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<sup>1</sup> Read at the Nursing Section of the American Hospital Association meetings at Atlantic City, September 27, 1922.

financially, are willing to spend from two to three years in a school of nursing when the headlines of the daily press of their city proclaim the assurance of the Public Health Officer that they may become public health nurses in from five to six weeks?

The American Hospital Association can render very great service to the hospitals of this country if it will make concerted effort through all its sections to prevent as far as possible, publicity, damaging and prejudicial to nursing, in the minds of the young women of the country.

The hospital administrator and more particularly the principal of the school of nursing in the past may not have given the thought to the special problems which confront nurses in public health work outside the hospital, and in consequence the nurse as a student may not have received adequate preparation to meet such problems. Nevertheless, with all the supposed inadequacies of training she has met these problems so successfully that she is the official public health worker in practically every community of our country. The communities that have no public health nurse want her and are demanding her services.

A considerable number of schools of nursing are giving students during training, a preparatory course in public health nursing. Such courses are in no way supposed to do more than outline the many activities which have to do with community health, and point the way to further preparation for public service. We agree with the principal of one of our best known schools of nursing who, when we were being taken to task for our shortcomings in failing

to prepare nurses for public health work, said, "Public health nurses, such as they are, are as we, in schools of nursing, have made them, and when we look about and see the product of our efforts we are not wholly discouraged with our work." Do we not then all subscribe to the first conclusion of the committee "that all agencies should require as a pre-requisite for employment of the public health nurse, the basic hospital training followed by a postgraduate course, including both class and field work in public health nursing?"

All statistics show that enormously increasing numbers of young women are entering colleges and other schools with special courses preparatory for the activities of educated women. Why should we, as hospital administrators, allow all of these young women to prepare for teachers, secretaries, dietitians, nutritional workers, occupational therapists, etc.? Should we sit quietly by and accept the fact that they are not in large numbers preparing for nursing or shall we not make an effort to convert the trustees of colleges in our vicinities to the advantage of including nursing in the college curriculum?

It is entirely for boards of trustees to determine whether they desire to attract to their schools of nursing the educated and cultivated young women who are entering other professional schools and colleges or if they are to be satisfied with the immature grammar school girl. It is a significant fact that the schools of nursing which demand the highest educational qualifications, which pay no allowance, and which give students a well rounded course of instruction are the schools that not only have full classes, but have waiting lists. Why not

take this cue and follow it to its logical conclusion? I maintain that this is a question for boards of trustees to determine and upon their decision will depend the kind of nursing service that will be given patients in their hospitals and the usefulness the graduates of their schools will have in the communities they serve.

Is there any reason why a dietitian or occupational worker should be required to have as a pre-requisite a full high school course and content ourselves with one year of high school or less as an adequate preparation for the matriculate of a school of nursing? Is it not good publicity for our schools of nursing to have the hospitals used as laboratories for the colleges in the same sense that the college laboratories are used for other courses? No hospital administrator seriously prefers to see schools of nursing made up of immature and uneducated young women. Is it not then quite time that we consider the student nurse preëminently as a student preparing for an exacting professional career? Should we not press home to our boards of trustees the fact that these students should have the educational background and be given opportunities at least equal to those in colleges, none of which are preparing students for more exacting careers?

Very often the personnel of the hospital board is almost identical with that of the college board in the same community and the matter ought to be readily understood and affiliation easily made. Have we not made sufficient progress to disabuse our minds of the old consideration of the student nurse as a financial asset necessary to the hospital in order to minimize its deficit?

Student nurses have paid off more hospital deficits than all the boards of trustees in the country and without student nurses it would be quite impossible for hospitals to run without very material increase in charges or corresponding increase in deficits. I ask you in all honesty, Is this quite fair? As an administrator of a small hospital, where most things progressive in nurse education, and for that matter in hospital administration, are supposed to be impossible, I beg to assure you that the obstacles disappear when one sees the light and applies a little common sense to the problem.

Tens of thousands of young women are seeking college education. These are the women we need in the field of public health, in the teaching and administrative departments of our schools of nursing, and we must have them if we are to keep the hospitals on the same high level of popularity with the public as they at present enjoy.

It is vitally important that schools of nursing shall be administered by graduate nurses who have had preparation and experience "beyond the basic nursing course." This point is so obvious that it would seem unnecessary to stress it if it were not tragically true that in the majority of cases so little consideration is given to it. How often we see the consequences of appointing an inexperienced, unprepared nurse as principal or school administrator. It is heartbreaking to see the havoc that results and the injustice done to students, to patients, to the community, and also to the nurse herself who fails. No school can be better than its head. Why not then give the same reasonable consideration to the selection and

appointment of the principal of a school of nursing as would be given to the selection of the principal of any other professional school?

If "nursing is one of the most attractive fields now open to women of high capacity," let us see to it that in our schools of nursing we make effective appeal to such women and to this end that we urge our hospital boards of trustees to present to the public the financial needs of schools of nursing and, as in the case of all other professional schools, ask the public for funds or endowments sufficient to meet these needs. If the public health nurse is worthy of the responsibility placed upon her, and is to carry on the health conservation programme the communities expect of her, should not the communities make available the funds for her education? Is it fair to place this burden entirely upon the shoulders of the hospital superintendent, in addition to his or her manifold duties?

Conclusion V of the committee's report carries a heavy indictment for the average hospital school of nursing, but we must admit its truth. The public is so accustomed to the consideration of the student nurse as an obedient servant who quietly accepts every inconvenience or injustice without audible protest, that it will not be easy for them to see her in the light of a financial and educational responsibility. Given a principal who has the preparation, experience, and personality for leadership, many shortcomings in our schools will disappear, but she cannot make bricks without straw. She must have direct representatives on the board of trustees and their active interest and backing. She must be viewed in the light of an

educator rather than entirely as a hospital supervisor.

The preparation of various groups of sick-room workers other than the registered nurse calls for licensure of all persons who care for the sick. This gives recognition to the various types of ability and adequacy of preparation for the work to be undertaken and also protection to the schools of nursing. More effective community control of the highly commercial so-called registries for nurses would lessen the merciless exploitation of the public, the graduate nurse, and the attendant. If the purely commercial and unethical members of a group get together and organize a registry, the temptation is for them to send out untrained women as graduate or trained nurses in order that the percentage of money accruing to the registry will be greater. The women find it hard to resist the temptation to accept wages they are really not prepared to earn, particularly when this is coupled with the fact that the registries will call those more willing to go if one refuses to be accessory to the fraud. I believe that much of the criticism for high nursing charges has come from this method of exploitation of the public.

Each state should have a statute providing licensure for all persons caring for the sick for compensation. This would classify nursing services, prevent fraud, and give some encouragement to the maintenance of schools of nursing.

In several states a subsidiary group has been provided by law for the care of the sick and when such provision has been made we strongly endorse the utilization of such service for incipient, chronic or convalescent patients. It is rather interesting to note, however, that

the very persons who most loudly proclaim the value of the so-called practical nurse or attendant as a substitute for the graduate nurse are usually unwilling to accept her services for themselves or their families. Any registrar will tell you that when a physician calls for a nurse for himself or his family he asks not only for a registered nurse, but for the best and most experienced one he can get. He surely should be unwilling to recommend less intelligent service for acutely ill patients.

One of the most progressive movements for the advancement of nurse education has been the inclusion of schools of nursing as departments in universities. The public has always been accustomed to the endowment of universities and colleges, and this ought to pave the way for the endowment of schools of nursing. Financial independence of schools of nursing is imperative if these schools are to achieve their fullest development.

In summing up the conclusions of the committee we find:

As a preparation for public health work, "no other education is of such basic importance as nurse training";

For all fields of community health work from teaching positive health to disease prevention and control, "women of high capacity are indicated";

The present standard must not only be maintained, but the scope of our schools must be broadened so that their educational opportunities are at least on a par with those of other schools for higher education;

We should bend our energies to obtain reasonable endowments for schools of nursing not only to increase their educational advantages, but to relieve the hospitals of the burden of their support;

As no school can be better than its director, and we must look more and more to university schools of nursing for the preparation of administration, in schools of nursing and in the public health fields, we must give encouragement to their development, particularly as the public is accustomed to the endowment of university education and will more readily give endowment to all schools of nursing in consequence;

In order to classify nursing service, prevent fraud and exploitation, we should work toward the establishment of a national standard for the licensure of all persons caring for the sick for compensation.

## COST OF NURSING SCHOOLS<sup>1</sup>

By ADA BELLE MCCLEERY, R.N.

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IN presenting the report of your sub-committee, the chairman wishes to explain that this sub-committee was appointed by the Committee on Education to study the question of State or Municipal aid for schools of nursing.

<sup>1</sup> This report of the sub-committee of the Education Committee of the National League of Nursing Education was given at Seattle, June, 1922.

This sub-committee made no appreciable contribution to this question and was more or less inactive until the suggestion was made by the Committee on Education that, first of all, this sub-committee should make an effort to discover the cost of nurses' schools under the present plan in order to have some definite basis for requests for